Bankers Life and Casualty Company

GR-N340

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Be	nefit Amounts		Elimination	Periods		
✓ 1 Yr. ✓ 2 Yrs. ✓ 5 Yrs. ✓ 6 Yrs. ✓ Important Company N 2920 days is equivalent to 8 yr	☐ 7 Yrs. lotes:	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days		TYPE ☐ Calendar Day ✓ Service Day	
2020 days to equivalent to 0 y	, ar 6.		Inflation Pr	otection		
			✓ 5% Compound ☐ Guaranteed Purchase Option ✓ 5% Simple ✓ Important Company Notes			
Nursing Home Daily Benefit Amounts			Also availble are 3% and 4% compound inflation options. The			
\$40 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. per day per week per month			Maximum Daily Benefit Amount and the Maximum Benefit Amount per claim episode are increased each policy anniversary by the selected inflation option without regard to claims paid. Premiums remain level.			
☐ Not Available						
☐ Important Company N	lotes:		Residential Care Facility Daily Benefit Amounts			
			Represents the Benefit Amou ✓ 100% ☐ 70%	nt 90%	e Nursing Home Daily □ 80% □ 75% mpany Notes	

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$284	\$777	\$258	\$708	\$386	\$1,147
55	\$374	\$999	\$341	\$910	\$514	\$1,456
60	\$550	\$1,332	\$501	\$1,213	\$755	\$1,930
65	\$868	\$1,845	\$790	\$1,681	\$1,189	\$2,664
70	\$1,469	\$2,698	\$1,338	\$2,458	\$2,024	\$3,894
75	\$2,517	\$4,047	\$2,294	\$3,687	\$3,422	\$5,725
80	\$4,128	\$6,161	\$3,761	\$5,614	\$0	\$0

General Electric Capital Assurance Company

7032AZ

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	Maximum Policy Benefit Amounts				Elimination Periods			
✓ 1 Yr. ☐ 5 Yrs. ☐ Important C	✓ 2 Yrs. ✓ 6 Yrs. company Notes:	✓ 3 Yrs.☐ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	□ 0 days□ 20 days☑ 30 days	☐ 60 days☑ 90 days☐ 100 days	TYPE ☐ Calendar Day ☐ Service Day		
				Inflation Pro	tection			
Nursing Home Daily Benefit Amounts				✓ 5% Composed 5% Simple 5%, Composed 5%, Co	✓ Important	ed Purchase Option Company Notes		
\$50 minimum offered in incre ✓ per day ☐ Not Availab	☐ per week	m per [day, we	-					
☐ Important C	company Notes:			Residential (Care Facility Dail	y Benefit Amounts		
ps.tant o				Represents the Benefit Amount 100%	e percentage of the Nt.	30%		

Waiver of Premium

Waiver of premium applies once the elimination period has been satisfied.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$300	\$630	\$210	\$460	\$350	\$790
55	\$370	\$790	\$270	\$580	\$470	\$1,040
60	\$600	\$1,190	\$460	\$910	\$780	\$1,640
65	\$990	\$1,920	\$790	\$1,530	\$1,390	\$2,810
70	\$1,610	\$2,920	\$1,250	\$2,250	\$2,210	\$4,160
75	\$2,660	\$4,240	\$2,050	\$3,290	\$3,600	\$6,070
80	\$4,320	\$6,180	\$3,350	\$4,800	\$5,970	\$8,790

Kanawha Insurance Company

81000 TQ 3/02 CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	Maximum Policy Benefit Amounts			Elimination Periods				
☐ 1 Yr. ☐ 5 Yrs. ☑ Important C Contact company	✓ 2 Yrs. ☐ 6 Yrs. company Notes:	✓ 3 Yrs.	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	☐ 60 days✓ 90 days☐ 100 days	TYPE ☐ Calendar Day ☑ Service Day		
Contact company	To more details.			Inflation Protection				
				✓ 5% Compou✓ 5% Simple	eed Purchase Option			
Nursing Hor	ne Daily Bene	fit Amounts		important Company Note				
\$50 minimum offered in incr ✓ per day	to \$250 maximu ements of \$5. □ per week	m per [day, we ☐ per month	-					
☐ Not Availab	le							
✓ Important C	company Notes:			Residential (Care Facility Da	ily Benefit Amounts		
Contact company				Represents the Benefit Amount ✓ 100% ☐ 70%	· _	Nursing Home Daily 80%		

Waiver of Premium

Premiums waived after 91 consecutive service days.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3)	year maximum p	oolicy benefit	3 year maximu	m policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$214	\$441	\$192	\$395	\$315	\$649
55	\$268	\$553	\$240	\$495	\$395	\$815
60	\$410	\$843	\$367	\$754	\$559	\$1,149
65	\$678	\$1,316	\$607	\$1,178	\$817	\$1,586
70	\$1,241	\$2,208	\$1,111	\$1,977	\$1,366	\$2,431
75	\$2,360	\$3,729	\$2,114	\$3,340	\$2,466	\$3,897
80	Not Available	Not Available	Not Available	Not Available	Not Available	\$0

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Policy Benefit	Amounts		Elimination	Periods	
☐ 1 Yr.	☐ 2 Yrs.	✓ 3 Yrs.	☐ 4 Yrs.	✓ 0 days	\square 60 days	TYPE
✓ 5 Yrs.	☐ 6 Yrs.	☐ 7 Yrs.	✓ Lifetime	☐ 20 days		\square Calendar Day
☐ Important	t Company Notes	:		✓ 30 days	☐ 100 days	Service Day
				Inflation Pr	otection	
N. seine Haus Deit Deue (if Asses at				✓ 5% Comp		nteed Purchase Option ant Company Notes
Nursing Ho	ome Daily Ber	efit Amounts	3	5% compound i compounded ani	increase rider increases	s Daily Benefit by 5%
offered in in	im to \$250 maxim		-	compounded am	lually	
✓ per day	☐ per week	per mont	.M			
	able					
☐ Important	t Company Notes	: :		Residential	Care Facility D	aily Benefit Amounts
F			Represents the percentage of the Nursing Home Daily Benefit Amount.			
				✓ 100%	□ 90%	□ 80% □ 75%
				□ 70%		mpany Notes

Waiver of Premium

After confinement in a Nursing Facility or Residential Care Facility for a period of 60 days; days need not be consecutive.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$208	\$530	\$189	\$482	\$270	\$689
55	\$277	\$582	\$252	\$529	\$360	\$756
60	\$416	\$665	\$378	\$605	\$540	\$864
65	\$647	\$970	\$588	\$882	\$840	\$1,260
70	\$1,109	\$1,552	\$1,008	\$1,411	\$1,440	\$2,016
75	\$1,802	\$2,342	\$1,638	\$2,129	\$2,340	\$3,042
80	\$3,188	\$3,985	\$2,898	\$3,622	\$4,140	\$5,175

Massachusetts Mutual Life Insurance Company

MM-201-P-1-CA(Q)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods				
☐ 1 Yr. ☐ 5 Yrs. ☐ Important C	☐ 2 Yrs. ☑ 6 Yrs. Company Notes:	✓ 3 Yrs. ☐ 7 Yrs.	rs. ✓ Lifetime □ 20 days ☑ 90 days ☑ 30 days □ 100 days		TYPE ☐ Calendar Day ✓ Service Day			
				Inflation Protection				
\$50 minimum	me Daily Bene to \$300 maximu rements of \$10. — per week		eek or month]		✓ Important	ed Purchase Option Company Notes benefit by 5% compounded benefit by 5% annually		
	Company Notes:			Residential	Care Facility Dail	y Benefit Amounts		
_ important C	ompany Notes.			Represents the Benefit Amount 100%	e percentage of the Nt.	30%		

Waiver of Premium

provided after confinement in a Nursing Facility or Residential Care Facility for a period of 90 days, need not be consecutive days.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$249	\$746	\$216	\$649	\$333	\$998
55	\$311	\$840	\$270	\$730	\$416	\$1,123
60	\$392	\$922	\$341	\$802	\$525	\$1,233
65	\$631	\$1,263	\$549	\$1,098	\$845	\$1,690
70	\$1,100	\$1,904	\$957	\$1,655	\$1,472	\$2,547
75	\$1,914	\$3,062	\$1,664	\$2,662	\$2,560	\$4,096
80	\$3,444	\$5,167	\$2,995	\$4,493	\$4,608	\$6,912

Metropolitan Life Insurance Company

LTC-FAC-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Maximum Policy Benefit Amounts				Elimination Periods			
☐ 1 Yr.	✓ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	\square 0 days	\square 60 days	TYPE		
✓ 5 Yrs.	☐ 6 Yrs.	✓ 7 Yrs.	✓ Lifetime	✓ 20 days	☐ 90 days	\square Calendar Day		
☐ Important	Company Notes:			☐ 30 days	✓ 100 days	✓ Service Day		
				Inflation Pro	tection			
				✓ 5% Compo✓ 5% Simple		ed Purchase Option t Company Notes		
Nursing Ho	me Daily Bene	efit Amounts						
	n to \$400 maximucrements of \$10.	um per [day, wo	-					
☐ Not Availa	ble							
☐ Important	Company Notes:			Residential	Care Facility Dail	ly Benefit Amounts		
	oompany motoc.			Benefit Amoun ✓ 100% ☐ 70%	☐ 90% ✓ Important Comp	80% ✓ 75% pany Notes		
				50% aiso available	e, contact company for mo	ore aetaiis.		

Waiver of Premium

Takes effect upon benefit eligibilty (after elimination period is satisfied).

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	100** Day Eli	mination Period.	100** Day Elimination Period.	
3 ye	3 year maximum policy benefit		3 year maximu	ım policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$241	\$544	\$209	\$473	\$338	\$763
55	\$354	\$745	\$290	\$648	\$487	\$1,087
60	\$504	\$1,064	\$438	\$925	\$757	\$1,598
65	\$854	\$1,599	\$743	\$1,391	\$1,230	\$2,303
70	\$1,573	\$2,585	\$1,368	\$2,248	\$2,183	\$3,587
75	\$2,685	\$3,952	\$2,335	\$336	\$4,138	\$6,090
80	\$4,444	\$5,927	\$3,865	\$5,154	Not Available	Not Available

New York Life Insurance Company

INH-4300(CA)(898)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Policy Benefit	Amounts		Elimination	Periods			
□ 1 Yr. ☑ 5 Yrs. □ Important			✓ 4 Yrs.✓ Lifetime	☐ 0 days ☑ 20 days ☐ 30 days	☐ 60 days☑ 90 days☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day		
				Inflation Protection				
\$50 minimu	ome Daily Bene m to \$300 maximorements of \$10. per week		eek or month]	2%, Simple 3%, S 5%. If the policyh options listed in th year to purchase	✓ Importa natic annual inflation op timple 4%, Simple 5%, older doesn't choose of the Notes below, then he an additional 5% of covering. The offers stop after	teed Purchase Option Int Company Notes Itions: Simple 1%, Simple Simple 6%, and Compound The of the 7 automatic inflation The will receive an offer every The erage at attained age rates The policyholder has		
☐ Important	Company Notes:			Residential	Care Facility Da	aily Benefit Amounts		
	25pay 110.000.			Represents the Benefit Amount 100%		e Nursing Home Daily 80%		

Waiver of Premium

If the optional Enhancement rider is attached to the policy, then premiums are waived as soon as benefits are paid under the Nursing Home or Home Care benefit. If the rider is not attached, then premiums are waived once benefits have been paid for 90 days for Nursing Home or Home Care service. This requirement must be satisfied once for each period of care.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$244	\$673	\$200	\$551	\$296	\$848
55	\$376	\$934	\$308	\$766	\$453	\$1,173
60	\$525	\$1,200	\$430	\$984	\$630	\$1,498
65	\$797	\$1,632	\$653	\$1,338	\$949	\$2,023
70	\$1,268	\$2,302	\$1,040	\$1,887	\$1,498	\$2,842
75	\$2,108	\$3,414	\$1,728	\$2,798	\$2,484	\$4,206
80	\$3,318	\$4,835	\$2,720	\$3,963	\$3,892	\$5,885

The State Life Insurance Company

S-6001-P-2-CA(Q)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	laximum Policy Benefit Amounts				Elimination Periods			
☐ 1 Yr.	☐ 2 Yrs.	✓ 3 Yrs.	4 Yrs.	⊻ 0 days □ 20 days	☐ 60 days✓ 90 days	TYPE Colondor Dov		
✓ 5 Yrs.	☐ 6 Yrs. Company Notes:	☐ 7 Yrs.	✓ Lifetime		☐ 100 days	☐ Calendar Day✓ Service Day		
important	Company Notes.			,	,	Service Day		
				Inflation Pro	otection			
				✓ 5% Compound✓ Guaranteed Purchase Option✓ 5% Simple✓ Important Company Notes				
Nursing Home Daily Benefit Amounts				Optional 5% simple increase rider, increases original daily benefit by 5% annually, optional 5% compound increase rider increases daily				
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. per day per week per month			_	maximum by 5% coumpounded annually				
□ Not Availa	•	per mont						
	Company Notes:			Residential Care Facility Daily Benefit Amounts				
h			Represents the percentage of the Nursing Home Daily Benefit Amount. \square 80% \square 75%					
				✓ 100%	☐ 90 %			
				□ 70%		any Notes		

Waiver of Premium

Provided after confinement in a nuring facility or residential care facility for a period of 90 days, days need not be consecutive.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$206	\$464	\$179	\$404	\$276	\$621
55	\$251	\$502	\$218	\$437	\$336	\$672
60	\$323	\$565	\$281	\$491	\$432	\$756
65	\$610	\$915	\$530	\$796	\$816	\$1,224
70	\$1,041	\$1,509	\$905	\$1,312	\$1,392	\$2,018
75	\$1,650	\$2,311	\$1,435	\$2,009	\$2,208	\$3,091
80	\$3,086	\$4,166	\$2,683	\$3,622	\$4,128	\$5,573

Bankers Life and Casualty Company

GR-N370

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Po	laximum Policy Benefit Amounts				Elimination Periods			
		✓ 3 Yrs.☐ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	 ✓ 60 days ✓ 90 days ☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day		
2320 days 13 cquiv	aioni to o years			Inflation Pro	tection			
				✓ 5% Compound✓ Guaranteed Purchase Option✓ 5% Simple✓ Important Company Notes				
Nursing Hom	lursing Home Daily Benefit Amounts			Also available are 3% and 4% compound inflation options. The				
\$40 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. per day per week per month			-	Maximum Daily Benefit Amount and the Maximum Benefit Amount per claim episode are increased each policy anniversary by the selected inflation option without regard to claims paid. Premiums remain level.				
☐ Not Available	Э							
☐ Important Co	ompany Notes:			Residential (Care Facility Daily	y Benefit Amounts		
·	, ,			Represents the Benefit Amount 100% 70%	e percentage of the N t.	0%		

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$289	\$792	\$264	\$722	\$393	\$1,170
55	\$382	\$1,019	\$348	\$928	\$524	\$1,485
60	\$561	\$1,358	\$511	\$1,237	\$770	\$1,969
65	\$885	\$1,882	\$806	\$1,715	\$1,213	\$2,717
70	\$1,498	\$2,752	\$1,365	\$2,507	\$2,065	\$3,972
75	\$2,568	\$4,128	\$2,340	\$3,761	\$3,490	\$5,840
80	\$4,210	\$6,284	\$3,836	\$5,726	\$0	\$0

BC Life & Health Insurance Company

PFTQ-04-0102

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum P	Maximum Policy Benefit Amounts				Elimination Periods			
☐ 1 Yr. ✓ 5 Yrs. ☐ Important C	✓ 2 Yrs. ☐ 6 Yrs. company Notes:	✓ 3 Yrs.✓ 7 Yrs.	✓ 4 Yrs. □ Lifetime	✓ 0 days☐ 20 days✓ 30 days	 ✓ 60 days ✓ 90 days ☐ 100 days	TYPE ☐ Calendar Day ☐ Service Day		
				Inflation Protection				
				✓ 5% Compou✓ 5% Simple		ed Purchase Option Company Notes		
Nursing Hor	ursing Home Daily Benefit Amounts					Company Notes		
	to \$350 maximu ements of \$10. □ per week	m per [day, we ☐ per month	-					
☐ Not Availab	le							
☐ Important C	Company Notes:			Residential (Care Facility Daily	Benefit Amounts		
	,,			Represents the Benefit Amount 100% 70%	percentage of the N	0%		

Waiver of Premium

Waived following 90 consecutive days of nursing facility confinement.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 y	ear maximum p	policy benefit	3 year maximu	m policy benefit	Lifetime	e benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
55	\$332	\$737	\$302	\$670	\$503	\$1,221
60	\$497	\$1,051	\$452	\$955	\$782	\$1,748
65	\$798	\$1,533	\$726	\$1,393	\$1,214	\$2,303
70	\$1,372	\$2,523	\$1,247	\$2,294	\$2,024	\$3,457
75	\$2,076	\$3,441	\$1,888	\$3,129	\$3,416	\$5,850
80	\$3,168	\$4,682	\$2,880	\$4,257	\$5,680	\$8,314

Kanawha Insurance Company

81000 NTQ 3/02 CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum P	Maximum Policy Benefit Amounts				Elimination Periods			
☐ 1 Yr. ☐ 5 Yrs. ☑ Important C Contact company	✓ 2 Yrs. ☐ 6 Yrs. company Notes:	✓ 3 Yrs.	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	☐ 60 days✓ 90 days☐ 100 days	TYPE ☐ Calendar Day ☑ Service Day		
Contact company	To more details.			Inflation Protection				
				✓ 5% Compou✓ 5% Simple	eed Purchase Option			
Nursing Hor	ne Daily Bene	fit Amounts		_ 0 / 0 Gillipio	it company rector			
\$50 minimum offered in incr ✓ per day	to \$250 maximu ements of \$5. □ per week	m per [day, we ☐ per month	-					
☐ Not Availab	le							
✓ Important C	company Notes:			Residential (Care Facility Da	ily Benefit Amounts		
Contact company				Represents the Benefit Amount ✓ 100% ☐ 70%	· _	Nursing Home Daily 80%		

Waiver of Premium

Premiums waived after 91 consecutive service days.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3)	year maximum p	oolicy benefit	3 year maximu	m policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$225	\$463	\$201	\$414	\$331	\$682
55	\$282	\$582	\$252	\$520	\$414	\$854
60	\$430	\$884	\$385	\$791	\$587	\$1,207
65	\$712	\$1,382	\$638	\$1,238	\$857	\$1,663
70	\$1,303	\$2,319	\$1,167	\$2,077	\$1,434	\$2,552
75	\$2,478	\$3,915	\$2,219	\$3,506	\$2,589	\$4,091
80	Not Available	Not Available	Not Available	Not Available	Not Available	\$0

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum P	Maximum Policy Benefit Amounts				Elimination Periods			
☐ 1 Yr. ✓ 5 Yrs. ☐ Important C	☐ 2 Yrs. ☐ 6 Yrs. Company Notes:	✓ 3 Yrs. ☐ 7 Yrs.	☐ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	☐ 60 days☑ 90 days☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day		
				Inflation Protection				
\$50 minimum	ne Daily Bene to \$250 maximu ements of \$10. □ per week le		-	•	_	ed Purchase Option Company Notes increase rider increases		
☐ Important C	Company Notes:			Residential	Care Facility Dail	y Benefit Amounts		
				Represents the Benefit Amoun 100% 70%	e percentage of the Nt.	30%		

Waiver of Premium

After confinement in a Nursing Facility or Residential Care Facility for a period of 60 days; days need not be consecutive.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$208	\$530	\$189	\$482	\$270	\$689
55	\$277	\$582	\$252	\$529	\$360	\$756
60	\$416	\$665	\$378	\$605	\$540	\$864
65	\$647	\$970	\$588	\$882	\$840	\$1,260
70	\$1,109	\$1,552	\$1,008	\$1,411	\$1,440	\$2,016
75	\$1,802	\$2,342	\$1,638	\$2,129	\$2,340	\$3,042
80	\$3,188	\$3,985	\$2,898	\$3,622	\$4,140	\$5,175

New York Life Insurance Company

NQ-INH-4400(CA)(898)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts	Elimination Periods			
 □ 1 Yr. ☑ 2 Yrs. ☑ 3 Yrs. ☑ 4 Yrs. ☑ 5 Yrs. □ 6 Yrs. □ 7 Yrs. ☑ Lifetime □ Important Company Notes: 	□ 0 days □ 60 days ☑ 20 days ☑ 90 days □ 30 days □ 100 days TYPE □ Calendar Day Service Day			
	Inflation Protection			
Nursing Home Daily Benefit Amounts \$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. ✓ per day □ per week □ per month □ Not Available	✓ 5% Compound ✓ Guaranteed Purchase Option ✓ 5% Simple ✓ Important Company Notes There are 7 automatic annual inflation options: Simple 1%, Simple 2%, Simple 3%, Simple 4%, Simple 5%, Simple 6%, and Compound 5%. If the policyholder doesn't choose one of the 7 automatic inflation options listed in the Notes below, then he will receive an offer every year to purchase an additional 5% of coverage at attained age rates without underwriting. The offers stop after the policyholder has rejected 4 of them.			
☐ Important Company Notes:	Residential Care Facility Daily Benefit Amounts			
,	Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% □ 100% □ 90% □ 100% □ Important Company Notes			

Waiver of Premium

If the optional Enhancement rider is attached to the policy, then premiums are waived as soon as benefits are paid under the Nursing Home or Home Care benefit. If the rider is not attached, then premiums are waived once benefits have been paid for 90 days for Nursing Home or Home Care service. This requirement must be satisfied once for each period of care.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

20* Day Elimination Period.		90 Day Elimination Period.		90 Day Elimination Period.		
3 year maximum policy benefit		3 year maximum policy benefit		Lifetime benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$244	\$673	\$200	\$551	\$296	\$848
55	\$376	\$934	\$308	\$766	\$453	\$1,173
60	\$525	\$1,200	\$430	\$984	\$630	\$1,498
65	\$797	\$1,632	\$653	\$1,338	\$949	\$2,023
70	\$1,268	\$2,302	\$1,040	\$1,887	\$1,498	\$2,842
75	\$2,108	\$3,414	\$1,728	\$2,798	\$2,484	\$4,206
80	\$3,318	\$4,835	\$2,720	\$3,963	\$3,892	\$5,885